(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448013	
<015>	Study Area Name	Texas 10, LLC	· · · · · · · · · · · · · · · · · · ·
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448013_CPRd Coverage and Performace attachments	TX.zip	

<a1></a1>	<a2></a2>	<a3></a3>	<01>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance d is uploaded (Yes/no)
							<u> </u>		
<del></del> .	<u> </u>				<u> </u>				
			3	ee attach	<u>ed worksl</u>	neet	<u> </u>		_
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									<del> </del>
			",-						

(070) Urban Rate Comparability Certification Co.	llance FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formation and in any attachments is accurate.				
10, LLC				
		Date		
Chad Strausbaugh				
Staff Counsel				
6105356474 ext.				
448013	Filing Due Date for this form:	07/01/2016		
	Chad Strausbaugh Staff Counsel 6105356474 ext.	Chad Strausbaugh Staff Counsel 6105356474 ext.		

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize a	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
i certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the report	ing carrier; my responsibilities include ensuring compliance with 47 CFR 854 1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports an	nd data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	Date.
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punish under	hed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment r Title 18 of the United States Code, 18 U.S.C. § 1001.

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.  Name of Reporting Carrier:  Name of Authorized Agent Firm:  Signature of Authorized Agent or Employee of Agent:  Diamond Authorized Agent or Employee of Agent:	lata reported herein based or
Name of Authorized Agent Firm: Signature of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Asset Fault	ate:
Name of Authorized Agent Employee:	ate.
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier: Filing Due Date for this form:	

(080) Trib	oal Lands Reporting			507 5 500
				FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448013	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identi Contact Email Address - Email Address of person ident		-020:	
10007	contact cirian Address - Linan Address of person ident	ined in data line	<030> cstrausbaugh@cellonenation	COM
<142>	State			
.4.42.	0			
<143>	County			
				<del>-</del>
<144>	Tribal Land(s) on which ETC Serves			
				<del></del>
<145>	Tribal Government Engagement Obligation			
		Name of Attache	d Document (.pdf)	<del></del>
	If your company serves Tribal lands, please select (Yes,	No, Not Applical	ble) for	
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the 1	the attached		
	government pursuant to § 54.1004 includes:	Tibai		
	,			
			Select	
-1.40			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo	us on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
			I I	

<154> Compliance with Tribal Business and Licensing requirements.

foons past	the day felt was	
(usu) Projec	t Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
-010:		
<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	49440.00
<203>	Total Mobility Fund Support Disbursed	39838.75
<210>	Actual Completion Date	08/07/2015
<211>	Project Status Description (attached)	448013_PSD_TX.pdf
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.  Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status  Project Plan Status	{Name of PDF attached}
<218>	Network will Support 3G/4G Mobile Service ?	3G <b>O</b> 4G

<010> Study Area Code	448013	rage Auto
		OMB Control No. 3060-1185 Page 7 of 8
		Approved by OMB
(101) Certification - Reporting Carrier		FCC Form 690

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

		cy of the Data Reported for Mobility Fund Recipients		
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10,	LLC			
Signature of Authorized Officer:		Date		
Printed name of Authorized Officer:	ad Strausbaugh			
Fitle or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
itudy Area Code of Reporting Carrier:	448013	Filing Due Date for this form: 07/01/2016		
Persons willfully making false statement	ts on this form can be pur und	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.		

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m	an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier  is authorized to submit the information reported on behalf of the reported provided to the author responsibilities include ensuring the accuracy of the data reporting requirements provided to the author	orting carrier. I
agent; and, to the best of my knowledge, the reports and	ata provided to the authorized agent is accurate.	izeu
Name of Authorized Agent:		-
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		_
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form ca	pe punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonmen under Title 18 of the United States Code, 18 U.S.C. § 1001.	t

Certification of Agent Authori	zed to File for Mobility Fund Recipients on Behalf of	Reporting Carrier
I, as agent for the reporting carrier, certify that I am author reported herein based on data provided by the reporting ca	ized to submit the reports for Mobility Fund recipients on bo arrier; and, to the best of my knowledge, the information rep	ehalf of the reporting carrier; I have provided the data ported herein is accurate.
Name of Reporting Carrier:	· · · · · · · · · · · · · · · · · · ·	
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Age	nt:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form ca		f 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

# **Attachments**

060								

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448013
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<b>42</b> >	<a3></a3>	   <	<b2></b2>	<b3></b3>	<cl></cl>	<c2></c2>	sc3>	<b>₹₫</b> 5
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Cherokee	0000	0	0	0	0.0	0.0	0.0	Yes
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					<del></del>				

Percentage of
<b>Total Population</b>
Reached by
Sarvica

0	

Percentage of Total Road Miles covered by Service

_		 _
0		

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

### **Project Status Description**

Item: SAC 448013

County/State: Cherokee, TX Total Award Amount: \$49,440.00

#### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

10 a 11 a	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448014	
<015>	Study Area Name	Texas 10, LLC	Assepted / Filed
<020>	Program Year	2016	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 172018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
		n 18. Martin	nemen esta esta esta menuman una meneral del trata esta esta esta esta esta esta esta e
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents file		/N) <040>
<040>			
<040>		led with the Form 481 reporting	

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Inent Car	ier Contact Form			FC 5 180
(USU) Can	ier Contact Porm			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
-040				
<010>	Study Area Code		448014	
<015> <020>	Study Area Name		Texas 10, LLC	
<030>	Program Year  Contact Name - Person USAC should contact regarding to	this data	2016	
<035>	Contact Telephone Number - Number of person identifi		Chad Strausbaugh 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif		cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name		**************************************	
<113>	Street Address (or PO Box)	Texas 10, LLC		
		1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	enation.com	
<u>Contact Ir</u> <120>	if same as above, indicate in this box			
	Name (First, MI, Last, Suffix)	Chad Strausbaugh	77 M	
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ze. Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Žip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	mation gar	
		cscrausbaugnwcerrone	mac Ton. Com	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box			
~12As	- ·			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City _		V to	
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
-250				

(060) Cau	erage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448014	
<015>	Study Area Name	Texas 10, LLC	1
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448014_CPRd Coverage and Performace attachments	_TX.zip	

R					Road	Total Road	
R					Road		
R					Road		
R					Road		
R		Resident	Total Resident	Road Miles	Miles per Census	Miles covered	Certify that Coverage and Performance dat
	lesident Population per Census Block	1 *	Reached by	per Census Block	Block Newly	per Census Block	is uploaded (Yes/no)
			-				
	9	ee attach	<u>ed worksl</u>	neet			
	SUS BIOCK	\$	\$ee attach	\$ee attached worksl	See attached worksheet	See attached worksheet	\$ee attached worksheet

(070) Urban Rate Comparability Certification	n Compliance	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			ith 47 CFR §54.1009(a)(4), the information reported on this	
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:			Date	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448014	Filing Due Date for this form:	07/01/2016	
Persons willfully making false statemen		y fine or forfeiture under the Communications Ac 18 of the United States Code, 18 U.S.C. § 1001.	ct of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	e an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier  Is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the repo	rting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pur	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
uno	er Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	W-1
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Tribi	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448014	
<015> <020>	Study Area Name		Texas 10, LLC	
<030>	Program Year  Contact Name - Person USAC should contact regarding to	this data	2016	
<035>	Contact Telephone Number - Number of person identifi		Chad Strausbaugh  6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif			on.com
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached D	ocument (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	) for	
<146> <147>	Needs assessment and deployment planning with a focution community anchor institutions;  Feasibility and sustainability planning;		Select (Yes, No, Not Applicable)	
<148>	Marketing services in a culturally sensitive manner;	ſ		
<149>	Compliance with Rights of way processes	Ţ		
<150>	Compliance with Land Use permitting requirements	ţ		
<151>	Compliance with Facilities Siting rules	j		

<152> Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

<153>

<154>

(090) Project	Update information	FCC Form 690 Approved by OMB
		OMB Cantrol Na. 3060-1185
		Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	448014
<020>	Program Year	Texas 10, LLC
<030>	Contact Name - Person USAC should contact regarding this data	2016 Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	124992.00
<203>	Total Mobility Fund Support Disbursed	121117.25
<210>	Actual Completion Date	
\210>	Actual Completion Date	07/24/2015
<211>	Project Status Description (attached)	448014_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	•
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	<b>✓</b>
<218>	Network will Support 3G/4G Mobile Service ?	3G <b>O</b> 4G

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texas 10, LLC			
Signature of Authorized Officer:	Date		
Printed name of Authorized Officer: Chad Strausbaugh			
Title or position of Authorized Officer: Staff Counsel			
Telephone number of Authorized Officer: 6105356474 ext.			
Study Area Code of Reporting Carrier: 448014	Filing Due Date for this form: 07/01/2016		

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(107) Cartification Agent I Careira	
(102) Certification - Agent / Carrier FCC Form 690	
Approved by OMB	
Approved by Orein	
man a company	
OMB Control No.	SU50-1185
Page 8 of 8	

<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

l certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
ients on behalf of the reporting carrier; I have provided the data mation reported herein is accurate.		
Date:		
<u> </u>		
i		

# **Attachments**

(0 <b>6</b> 0) C	overage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-118
<010>	Study Area Code	448014
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh

6105356474 ext.

08/2015 - 07/2016

cstrausbaugh@cellonenation.com

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

Coverage and Performance Report Year

<035>

<039>

<140>

<a1> <a2> <a6> <b1> <141> Certify that **Total Road** Coverage and Resident Total Resident **Road Miles** Miles Performacne Resident Population Population Road Miles per Census covered per data is uploaded Reached by Block Newly Population per **Newly Reached** per Census Census Block (yes/no) State County Census Block Census Block by Service Service Reached Block 0000 ТX 0 0 0.0 Yes 0.0 0.0

Percentage of
Total Population
Reached by
Service

Percentage of Total Road Miles covered by Service 0

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

#### **Project Status Description**

Item: SAC 448014 County/State: Leon, TX

Total Award Amount: \$124,992.00

#### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

40 A 10 A	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448015	
	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2016	7.9018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
			anten 1800-1800 august 1800 1800 1800 1800 1800 augusta ar an Albania an an an Albania an Albania an Albania a
<040>	Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/  <041> Attach a description of the documents filed with the Form 481 reporting		N) <040>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cou	ver tribal lands? Yes or No)	$\circ$

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we-fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

N	NATIONAL PROPERTY OF THE PROPE			
(050) Can	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		449015	
<015>	Study Area Code Study Area Name		448015 Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif	ied in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name			***************************************
<113>	Street Address (or PO Box)	Texas 10, LLC		
<114>	•	1170 Devon Park Dri	ve, Suite 104	· · · · · · · · · · · · · · · · · · ·
	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	enation.com	
Contact In	formation			
Contact iii	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)			
<121>		Chad Strausbaugh		
	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ze Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number			
<128>	Email Address	cstrausbaugh@cellonenation.com		
		00014400449400011044	1401011.COM	
Authorized	Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	•			
	Street Address (or PO Box)			
<133>	City			
<134>	State -	<del></del>		70.
<135>	Zip-Code			
<136>	Telephone Number	mber		
<137>	Fax Number			
<138>	Email Address			
	-			

(060) Co	verage and Performance Report	FCC Form 690  Ap proved by OMB  OMB Control No. 3060-1185  Page 3 of 8
<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	
	448015_CPRd Coverage and Performace attachments	TX.zip

<141> <a1> ; <a2> <b3> <c1> <c2> <c3> Total Road Road Certify that Miles per Miles Road Coverage and Resident Total Resident Miles Performance data Census covered Resident Population Population рег Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State Census Block Census Block County by Service Service Block Reached Block -- \$ee attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered

by Service

Service